

## Warp Speed Science and the Erosion of Public Trust

Gayle E. Woodson

Southern Illinois University, USA

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### Abstract

The emergence of the novel virus SARS-CoV-2 galvanized global collaboration in the common goal of controlling the pandemic. Within months much was learned about the biology of the virus, mode of transmission, and treatments to mitigate the disease, COVID-19. Effective vaccines have been developed. A large segment of the population is skeptical of these astonishingly rapid scientific advances. Many are incompliant with mitigation measures and opposed to immunization. Mistrust in science is not new, but has intensified during the pandemic. Factors cited by skeptics include instability of Public Health alerts and conflicting news about treatment efficacy. These concerns reflect a lack of comprehension of the nature of guidelines, or the very essence of science. Guidelines are based on the best available information, and must change with new findings. To permit sharing of preliminary data, many journals released preliminary data prior to completion of peer review. While this was appropriate to the urgency of the pandemic, initial results did not always withstand further studies or rigorous review. Shifting information compounded lack of faith in scientific opinion. Many people doubted that vaccines developed so rapidly could be safe and conspiracy theories proliferated. Physicians have a unique opportunity to allay fears, and to encourage compliance with guidelines, because in the face of confusing messaging, most people still trust in their own doctors. To succeed in this role, physicians must respect the origins of those fears and understand the most effective means of addressing them. The new coronavirus (SARS-CoV-2) has infected over 7.6 million Americans and killed over 213,000 since its first appearance in the United States in February 2020. (as of October 10, 2020). Responses to the virus, such as limiting venues where person-to-person transmission was likely and demanding the use of masks and physical separation measures where social contact could not be avoided, have slowed the spread of the infection. At the same time, these safeguards have fundamentally altered social life and thrown national and household economies into disarray. Political leaders, health officials, and the general public are looking for solutions as the health crisis drags on and a sense of pandemic fatigue sets in. One of the most promising, if effectively created and deployed, is vaccinations. Individual and population-level immunity could be provided by this technology, as well as the eventual circumstances for the resumption of normal social and economic activities. The US government has pledged nearly \$10 billion (through Operation Warp Speed) to help in the research and distribution of such

vaccines, with the goal of delivering 300 million doses of a safe, effective vaccine by January 2021. While this timescale is likely unduly optimistic—vaccine research normally takes 10–15 years, especially for viruses for which no approved vaccine exists—progress is being made. As of October 10, 2020, 92 vaccines were in preclinical testing, 43 were in Phase I and II safety trials, 11 were in Phase III efficacy trials, and five vaccinations were approved for limited use in China, the UAE, and Russia. Despite these encouraging achievements, Operation Warp Speed reveals a significant societal divide. The initiative hinges upon the seductive yet erroneous idea that ‘if we build it, they will come.’ Past experience in both ordinary and crisis situations shows that not all parts of the population will adopt medical countermeasures such as vaccines for a variety of reasons. According to a recent poll in the United States, SARS-CoV-2 (COVID-19) vaccinations are already ineffective. About half of adults in the United States (51%) indicated they would definitely or probably accept the vaccine, while 49% said they would not. Only 32% of Black Americans said they would definitely or probably take the vaccine in the same poll, compared to 52% of white Americans. To overcome these challenges, a human factor-centered immunisation programme is required, but it must be well-planned and executed. A COVID-19 immunisation programme, if poorly organised and implemented, risks undermining people's increasingly shaky faith in vaccinations and the public health officials who suggest them. At the same time, a successful vaccination programme would have far-reaching consequences. Interrupted disease transmission; fewer instances, hospitalizations, deaths, and chronic sequelae; and the resumption of social and commercial exchanges would be immediate benefits. About half of adults in the United States (51%) indicated they would definitely or probably accept the vaccine, while 49% said they would not. Only 32% of Black Americans said they would definitely or probably take the vaccine in the same poll, compared to 52% of white Americans. Improved institutional skills to support vaccine confidence among various cultures, increased public knowledge of vaccination's benefit to society, and increased public faith in government, science, and public health would be long-term impacts. The goal of this article, which is based on a report on the same topic, is to outline the major challenges and opportunities associated with a future COVID-19 vaccination campaign, as well as to provide empirically-informed recommendations to improve public understanding of, access to, and acceptance of SARS-CoV-2 vaccines. With the present vaccine supply gap, vaccination planners and implementers in the United States and around the world should use foresight and proactive measures to overcome potential barriers to vaccine adoption and maximise public acceptance. These actions, however, must be taken as soon as possible before the window of opportunity closes.

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